



From: [Scott Chad D](#)
To: [Hill Sharon K](#); [Maggie Klein](#); [Bowlin Royce A](#); [SWEET Elaine](#); [Knight Kelly C](#)
Cc: [CORBIN Nicole](#); [ROSS Donald](#); [Daniels Jason H](#); [Forsman Lea](#); [MITCHELL MICK J](#); [Oyster Michael W](#); [Busek Rhonda J](#)
Subject: FW: Understand that recently KePRO issued 300 denials to clients that no longer qualified for adult residential services - Who is triaging and planning these clients' transition to other settings?
Date: Thursday, October 26, 2017 3:42:00 PM
Attachments: [image001.png](#)

Thank you for the good questions Sharon, some answers below as well as an opportunity to consider the connection between the residential rate work and the Kepro determinations.

Q: Who is triaging and planning for these clients' transition to other settings?
For 1915(i) HCBS eligible members and OHA funded members, Kepro, as the IQA for OHA conducts a needs assessment and develops a person centered plan in accordance with CMS guidelines for each person determined ready to transition to a lower level of care. That plan is provided to the entity contractually responsible for coordinating that person's care. OHA has intergovernmental agreements (IGA) and financial assistance agreements (CFAA) with each Community Mental Health Program and contracts with "Choice model" providers to provide transition management and planning for residential members determined to no longer need services in a licensed setting. CMHP's, providers of service and Choice providers are engaged in the work Kepro is performing on behalf of OHA. In addition, Kepro is contracted to provide conflict free case management to monitor implementation of each person center plan.

OHA has not yet pursued development or implemented an adequate home and community based service delivery system. As a result, members may not have access to all community based transition options that can be made available to them and the services and associated outcomes OHA is purchasing from Kepro, the CMHP's and the Choice contractors may not be fully supported because of this.

Q: Who is working with counties for these transitions?

OHA, via our contracts with Choice model providers (CMHP, CCO, MHO) provides funding and support to the work required by each CMHP through statute and contract. Kepro is also a resource for CMHP and Choice contractors.

Q: Is OHA Communications involved since this action may risk a client decompensating from disruption of residential services?

When you consider the following, that's a strong assumption and not likely something OHA would put forth into a communication outside of established Medicaid member and provider notice requirements. The outcomes Kepro is achieving are the result of years of planning by OHA based on Miranda B / Olmstead policy, CMS HCBS requirements and agreement with the USDOJ during development of the Oregon Performance Plan.

- OHA has contracted with a URAC accredited EQRO/IQA. Kepro utilizes McKesson / InterQual criteria to support medical appropriateness determinations and perform care planning and complex care management. InterQual is the industry standard for evidence-based clinical decision support and was selected to provide assurance Kepro makes accurate decisions about our members care.
- Each member receives a notice of action and has Medicaid appellate rights to

ensure health, safety, appropriateness and legality of decisions made by OHA or its designee.

- OHA is following CMS approved HCBS eligibility criteria and assuring service and support decisions are made by an agent that is independent, qualified and free of conflict.
- Per requirement in state plan, Oregon administrative rule and contractual requirements with CMHP, Choice and Kepro contractors, each member receives a needs assessment, person centered plan and conflict free case management to ensure each person receives the services and supports necessary to treat their condition in the setting of their choice.

OHA has issued notices of action to several hundred members indicating they are able to transition to a lower level of care. All notices have been sent as of Wednesday of this week and included notices to the CMHP, provider and member. In addition, OHA will be providing the Choice contractors with information on each member determined ready to transition based on Choice contractor assignment. This will go out by Monday.

As our contractors and partners work with our members on transition, OHA should be prepared to respond to other questions that may be posed by the community as it may become apparent the OHA fee-for-service Medicaid behavioral health system has not kept pace with the IQA and Choice contracts and outcomes. Some likely questions OHA communications may want to be prepared to answer are;

- Why is OHA continuing to remain focused on a financing licensed residential treatment for the non-rehabilitative needs of this member population given the EQRO determinations.
- Why is OHA not pursuing Medicaid fee-for-service payment policy and planning that aligns with member choice, USDOJ requirements, CMS HCBS rules and evidence based practices.
- What is the reason OHA isn't pursing an operational plan to develop financing and rate strategies for the HCBS services allowed by 1915(i) HCBS.
- Why is OHA allocating resources to ensure individuals receive services in the most integrated community setting at the same time OHA fee-for-service is not operationalizing or funding integrated community settings.

Q: Who in other programs needs to be advised of these clients and the denial of services (e.g. Contracts).

The provider clinical support unit responsible for management of the behavioral health fee for service benefit and the Kepro contract has been working in tandem with the adult behavioral health services unit, OHA behavioral health financing, the OHA licensing and certification unit, OHA hearings and appeals unit, the Oregon state hospital and DHS APD and ODDS divisions. All programs areas have been fully engaged in this process, meet regularly and each have a role in management of our fee for service behavioral health benefit and the work being performed to achieve the Oregon performance plan outcomes.

Q: From the Adult Residential Rate Standardization project perspective, we are examining the processes in place and those needing to be created for clients as we incentivize transition to the most integrated setting.

- Can you share your transition and triage planning?

Related to our work with the residential rate standardization, I think these pending

transitions highlight some of the continued misalignment between OHA Medicaid policy and the outcomes required of Oregon by the USDOJ and CMS.

The IQA portion of the Kepro contract represents the third time an OHA contracted EQRO has made determination that a majority of individuals receiving services in OHA licensed settings do not need the level of care provided or the services offered in a licensed setting. Despite these independent determinations, OHA continues to pursue regressive policy to ensure provider fiscal requests are responded to over progressive policy in consideration of administering a Medicaid benefit based on the assessed needs of our members and their right to receive services in the most integrated community setting possible.

Previous policy work resulted in a draft 1915(i) HCBS SPA and a benefit and code set appropriate to support the member's transitions currently being facilitated. I'm including the service description and code set below as an example of the types of services OHA could be directing efforts toward developing in place of the current rate goals.

Services:

Habilitation Services

Habilitation: Habilitation services are medically appropriate health services and devices provided to individuals or groups of individuals that help a person keep, learn, or improve skills and functioning for daily living. Habilitation Services include;

- **Facility Based Habilitation (FBH):** Services provided in an OHA-licensed setting that support a person's ability to learn and/or maintain activities skills to manage activities of daily living (ADL), instrumental activities of daily living (IADL) and psychosocial skills. Examples include skills training and support to independently manage medication, budget, plan and prepare meals, manage health conditions, maintain personal hygiene, clean and maintain a residence, maintain compliance with court or legal requirements, plan and participate in social, recreational or community activities. Provider approved to provide facility based habilitation include OHA licensed Secure Residential Treatment Homes or Facilities, Residential Treatment Homes or Facilities.

H0018 Behavioral Health; long term residential (non-medical, non-acute care in a residential treatment program), without room and board, per diem.

- **Home Based Habilitation (HBH):** Services provided in the persons home, residence or other non-licensed community setting including supportive and supported housing programs that support a person's ability to learn or maintain activities of daily living (ADL) and instrumental activities of daily living (IADL) skills. Examples include, support to independently manage medications, budget, plan and prepare meals, manage health conditions, maintain personal hygiene, clean and maintain a residence, maintain compliance with court or legal requirements and plan and participate in social, recreational or community activities. Approved providers for HBH include OHA certified or independently licensed QMHP, QMHA, Peer Support

Specialist, Habilitation Specialist, Supported Housing Program, Supportive Housing Program, Mental Health Student Intern.

S5135 Companion Care, adult (e.g ADL/IADL); per 15 minutes

S5136 Companion Care, adult (e.g ADL/IADL); per diem

H0043 Supported Housing Per-diem

H0044 Supported Housing Per-Month

- **Day Habilitation (DH):** Services provided to a person or group of people in an outpatient or community program setting that support a person to develop or maintain community survival and inclusion skills. Examples of services include; volunteer activities, social skills training, communication skills development, functional living activities, symptom and behavior management. Approved providers of DH include OHA certified Adult Habilitation Day Treatment Program.

H2012 Behavioral Health Day Treatment; per hour

- **Live-in Habilitation Provider payments:** Payments made to a provider meeting the requirements for habilitation specialist will be provided for services provided to eligible recipients to support a live-in habilitation specialist when such an arrangements is indicated as necessary to meet the service and support objectives identified in the person centered assessment and included in the person centered plan. Live in habilitation services are available in home and community based settings that are not licensed or considered supported housing or supportive housing.

S5123 Attendant Care Services; per diem

- **Home Based Respite Habilitation Provider:** Payments made to a provider meeting the requirements for habilitation specialist will be provided for service provided to eligible recipients receiving live-in habilitation services for a respite, relief or an additional habilitation specialist as needed and recommended by the EQRO in accordance with the person centered plan. Home based respite habilitation providers are available in home and community based settings that are not licensed or considered supported housing or supportive housing.

S5150 Unskilled respite care, not hospice, per 15 minutes

S5151 Unskilled respite care, not hospice, per diem

Psychosocial Rehabilitation

Psychosocial Rehabilitation Services: Psychosocial Rehabilitation services are clinical and psychosocial services that are collaborative, person directed, individualized and evidence based which focus on helping individuals to develop skills to increase their capacity to be successful and satisfied in the living, working, learning and social environments of their choice.

- **Psychosocial Rehabilitation (PSR):** Examples of services include; services to support the individual to independently manage symptoms that pose a risk to self or others, symptoms related to impulse control, symptoms that result in disorganized and delusional thoughts, symptoms of emotional excess, communication deficits, support to manage co-occurring

or co-morbid conditions, clinic services directed at reducing the functional deficits experience by a person as a result of having a behavioral health condition. Approved providers for PSR include OHA certified or independently licensed QMHP, QMHA, Peer Support Specialist, Mental Health Student Intern, Secure Residential Treatment Home or Facility and Residential Treatment Home or Facility.

H2017 Psychosocial Rehabilitation 15-minutes

H2018 Psychosocial Rehabilitation Per-diem

Home and Community Based Support Services

Home and Community Based Support Services (HCBSS): Services designed and provided to assist a person to maintain and remain in non-licensed home and community based settings and reduce the risk or eliminate the need to move to a less independent setting.

Home and Community Based Support Services include;

- **HCBS Adult Foster Care:** Adult Foster Care provides a time limited period of care in a home licensed by OHA that provides supervision for adults assessed as needing up to 24-hour assistance with; daily personal care; daily recreational or vocational activities; transportation to medical appointments, shopping, preparing and serving meals; dispensing medications and providing social interaction. Approved providers of HCBS Adult Foster Care include OHA and DHS licensed Adult Foster Care Homes.

S5140 Adult Foster Care Per-diem

S5141 Adult Foster Care Per-Month

- **HCBS Home Health Aide:** Services provided by a provider meeting the requirements of habilitation specialist that are directed at supporting co-morbid conditions that put a person at risk of moving to a less independent level of care. Home Health Aide services must be assessed and recommended by the EQRO.

T1021 Home Health Aide or certified nurse assistant, per visit.

- **HCBS Home Delivered Meals:** A service of having meals delivered to a person up to three times daily to support that person to maintain health and reduce risk of moving to a less independent setting. Home Delivered Meal services must be assessed and recommended by the EQRO.

S5170 Home Delivered Meals, including preparation; per meal

- **Medication Reminder:** A service provided to a person to remind them to take prescribed medications as ordered.

S5185 Medication Reminder Service, non-face to face, per month

- **HCBS Minor Home Modifications:** Services or funding that provide minor one time modifications to a home for the purpose of supporting a person to maintain residence in a non-licensed home and community based setting. Home Modification Services must be assessed and recommended by the EQRO.

S5165 Home Modifications; per service

- **HCBS Transportation Services (non-duplicative of state plan medical transportation):** Services to transport a person to non-medical appointments to support that person to maintain

residence in the most integrated community setting that is not licensed.

T2003 Non -emergency transportation; encounter/trip

- **Health Club Membership:** Payment to maintain an annual health club membership for the purpose of maintaining health, managing symptoms and reduce risk of moving to a less independent setting.

S9970 Health Club Membership, annual

- **Laundry Services**

S5175 Laundry service, external, professional; per order

- **Provider Escort:** Service to support a provider to visit a high risk area or high risk situation for the purpose of facilitating services and supports to the recipient.

S9381 Delivery of Service to high risk areas requiring escort or extra protection; per visit.

*Not included in SPA, but to be amended and included on fee schedule.

- **Secure Residential Treatment**

Provided in a licensed secure residential treatment facility.

Revenue code 1001 BH/RES TRTMT/PSYCHIATRIC

From: Hill Sharon K

Sent: Monday, October 23, 2017 4:41 PM

To: Scott Chad D ; Maggie Klein ; Bowlin Royce A ; SWEET Elaine ; Knight Kelly C

Cc: CORBIN Nicole ; ROSS Donald ; Daniels Jason H ; Forsman Lea ; MITCHELL MICK J

Subject: Understand that recently KePRO issued 300 denials to clients that no longer qualified for adult residential services - Who is triaging and planning these clients' transition to other settings?

Hello-

Understand that recently KePRO issued 300 denials to clients that no longer qualify for adult residential services, with 40 associated with PSRB that Elaine is addressing..

- Who is triaging and planning for these clients' transition to other settings?
- Who is working with counties for these transitions?
- Is OHA Communications involved since this action may risk a client decompensating from disruption of residential services?
- Who in other programs needs to be advised of these clients and the denial of services (e.g. Contracts)

From the Adult Residential Rate Standardization project perspective, we are examining the processes in place and those needing to be created for clients as we incentivize transition to the most integrated setting.

- Can you share your transition and triage planning?

Thank you

-Sharon

Sharon K Hill, MPA-HA; OPMA

Project Manager

OREGON HEALTH AUTHORITY

Health Systems Division

Portfolio and Business Office

Sharon.K.Hill@state.or.us

Desk: 503-945-6957

<http://www.oregon.gov/OHA>



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